

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit : 1642  
Examiner : Karen A. Canella  
Serial No. : 09/503,089  
Filed : February 11, 2000  
Inventors : Amanda J. Patel  
: Eric Honore  
: Florian LeSage  
: Georges Romey  
: Michel Lazduski  
Title : METHOD FOR THE  
: IDENTIFICATION OF  
: ANESTHETICS



35811

PATENT TRADEMARK OFFICE

Docket: 1201-CIP-3-00

Confirmation No.: 6089

RECEIVED  
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Commissioner for Patents  
P. O. Box 1450  
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Sir:

**Certificate of Mailing Under 37 CFR 1.8**

For  
Postcard  
\$930.00 Check  
Claim of Extension of Time for Response, in duplicate  
Amendment Transmittal Letter, in duplicate  
Amendment  
Copy of Synopsis of Application of Written Description Guidelines

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450, on the date appearing below.

Name of Applicant, Assignee, Applicant's Attorney  
or Registered Representative:

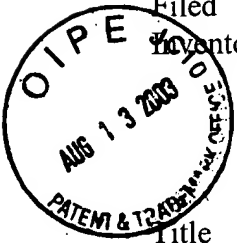
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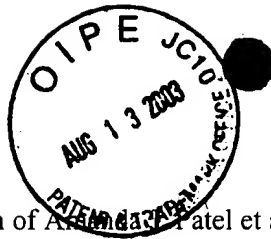
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Attorney Docket No.: 1201-CIP-3-00

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In re Application of ~~Amend 3~~ Patel et al.

Serial No.: 09/503,089

Filed: February 11, 2000

For: METHOD FOR THE IDENTIFICATION OF ANESTHETICS

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Small entity status of this application under 37 CFR §1.9 and §1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR §1.9 and §1.27 is enclosed.
- ☒ No additional fee is required.

The fee has been calculated as shown below:

(Col. 1) (Col. 2) (Col. 3)

SMALL ENTITY

OTHER THAN  
SMALL ENTITY

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PRE- VIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	* 22	-	** 25	0
INDEP.	* 11	-	** 11	0
___ First presentation of multiple dependent claim				

RATE	ADD'L FEE
x 9=	\$
x42=	\$
+140=	\$

OR

RATE	ADD'L FEE
x18=	\$
x84=	\$
+280=	\$


TOTAL ADDITIONAL FEE \$0 OR

\$0

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 50-2719 in the amount of \$\_\_\_\_\_.  
A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \$\_\_\_\_\_ is attached.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-2719. A duplicate copy of this sheet is enclosed.
- ☒ Any filing fees under 37 CFR §1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR §1.17 with the exception of the Issue Fee which we intend to pay by check.

  
\_\_\_\_\_  
T. Daniel Christenbury  
Reg. No. 31,750  
Attorney for Applicant(s)

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